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Application Number	10/562,525
Filing Date	DEC 27 2005
First Named Inventor	MICHAEL SMITH
Art Unit	3679
Examiner Name	GARCIA, ERNESTO
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

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Address: RD1, 657 ONGARU STREAM ROAD
WAIMIHA

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Country: NEW ZEALAND

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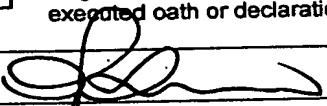
I am the:

Applicant/Inventor

Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or agent of record. Registration Number _____

Registered practitioner named in the application transmittal letter in an application without an
executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature: 

Typed or Printed Name: MICHAEL ALEXANDER SMITH

Date: 17 JULY 2008 Telephone: 64-7-8945857

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Examiner Name	GARCIA, ERNESTO
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

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- Attorney or agent of record. Registration Number _____
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature *ash*

Typed or Printed Name **CAROLYN YNDRA SMITH**

Date **17 JULY 2008** Telephone **64-7-8945857**

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